

Attachment 2

*Quality of care resolution letter (On Regional Contractor
letterhead)*

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy difícil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

Date

*(Name of person filing the grievance
Address
City, State, Zip)*

RE: (CRS Member # & AHCCCS # if applicable)

Dear (Name):

(Phoenix, Tucson, Flagstaff, Yuma) Children's Rehabilitation Services has completed its review related to XXXXXXXXXXXXXXXXXXXX.

Provide explanation in lay person's terms

This information will be kept confidential under 42 CFR 434.34, ARS 8-546.11(C)(11), ARS 36-2401, et seq., ARS 36-445, and ARS 41-1959C(5).

Thank you for contacting CRS regarding this issue. The quality of health care of all of our members is important to us. You can contact XXXXXX, at (XXX) XXX-XXXX if you have any questions regarding this issue.

Sincerely,

*Name and credentials
Title*

Effective Date: 1/1/2008